PERMIT #	DATE				
GENERAL INFORMATION					
DAM OWNER SOLE PROPRIETOR PARTNERSHIP CORPORATION					
OWNER(S) NAME					
ADDRESS					
CITY		STATE	ZIP CODE		
TELEPHONE NUMBER (REQUIRED)					
NAME OF DAM			I.D. NUMBER		
		MO			
COUNTY					
LOCATION OF DAM AT CENTERLINE AT MAXIMUM SECTION					
SECTION , TOWNSHIP		NORTH, RANGE		E/W	
APPROXIMATE UTM COORDINATES	_				
	N E		EA		
DAM HEIGHT	RESERVOIR ARE	A			
PURPOSE OF DAM AND RESERVOIR					
NAME OF PERSON FILLING OUT THIS APPLICATION (TYPE OR PRINT)					
SIGNATURE					
DESCRIBE THE MAINTENANCE AND OPERATION OF THE DAM DURING THE PAST FIVE YEARS:					
DESCRIBE THE MAINTENANCE AND GENATION OF THE DAM DUTING THE FACTOR					
NOTE: ALL TREES AND WOODY VEGETATION MUST BE REMOVED FROM THE SPILLWAY AND THE EMBANKMENT.					
SUBMIT TO: Department of Natural Resources					
Geological Survey and Resource Assessment Division					
Dam and Reservoir Safety P.O. Box 250					
Rolla, Missouri 65402					
(573) 368-2175					